

CLAIMS ONLY						Application Number <b>09/910784</b>		Filing Date			
						Applicant(s)					
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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Total Indep	↙		↙		2	↙		↙		↙	
Total Depend	↘		↘		21	↘		↘		↘	
Total Claims					23						